



THE INTELLECTUALOIDS

LEARNED PSYCHOTICS

by Thomas S. Szasz

Perhaps because he does not have enough self-confidence, the ordinary person is likely to assume that when he cannot understand what someone in authority is saying, it is because he is too stupid or too uneducated. Authorities have always known this and have always exploited it by awing and bullying the plebes with Greek or Latin, with technical jargon, or, if need be, with gibberish.

Since psychiatry is a pseudoscience, it is not surprising that psychiatrists are especially eager to be accepted as scientific experts. Since they obviously cannot bring this about by discovering the causes and cures of mental diseases which—tragically for psychiatrists no less than for patients—do not exist, they have to do it by producing great quantities of gibberish. That is indeed the most constant and most frequent thing psychiatrists do, in speech as well as in print. George Orwell was not, but he might as well have been, writing about psychiatrists when he observed that “the great enemy of clear language is insincerity. When there is a gap between one’s real and one’s declared aims, one turns as if it were instinctively to long words and exhausted idioms, like a scufflefish squirting out ink.”

Although this was the furthest thing from what they had in mind, some years ago a group of mental-health educators conducted an experiment that demonstrated rather impressively the validity of my foregoing contention. The experiment consisted of the investigators’ hiring a professional actor “who looked distinguished and sounded authoritative,” naming him Dr. Myron L. Fox, bestowing upon him the persona of “an authority on the application of mathematics to human behavior,” and coaching him to teach “charismatically and non-substantively on a topic about which he knew nothing.”

Thomas S. Szasz is Professor of Psychiatry at the State University of New York in Syracuse.

“Dr. Fox” addressed a group of psychiatrists, psychologists, and social-work educators and his lecture was videotaped. The tape was then shown to another similar group and finally to a group of educators and administrators taking a graduate course in educational philosophy. In all there were 55 subjects tested. The result: “All respondents had significantly more favorable than unfavorable responses. . . . One even believed he [had] read Dr. Fox’s publications.” Among the specific responses quoted by the investigators were the following: “Excellent presentation . . . Good analysis of the subject . . . Knowledgeable.” That this was the idea of a group of mental health experts about how to fake a psychiatric presentation is itself wonderfully revealing. But the best part of this experiment is, of course, that “Dr. Fox” was such a success.

“Dr. Fox’s” deliberately staged gibberish was delivered in 1972. In 1982, I discovered another “Dr. Fox-lecture,” this time given for real by a really distinguished psychiatrist before a really distinguished au-

dience. Since this address was published, I may quote from it, and I shall:

Recall that clinical experience and science do incrementally define the *selective* use of innovations, while policy reflexly greets innovation with prophecies of fiscal doom. In retrospect, the actual gains for health might render such poor prophets a loss! Where policy seeks formulas for determining choice and guiding treatment, science understands the fundamental basis for variability in disease and response and the method for sequentially approximating precision in the clinical process.

The author of this luminous passage, Daniel X. Freedman, is chairman of the department of psychiatry at the University of Chicago. The lines quoted are from his presidential address delivered at the American Psychiatric Association’s annual meeting in May 1982.

When a prominent American psychiatrist writes such gibberish; when that psychiatrist occupies an endowed chair at one of America’s great universities and is the president of the American Psychiatric Association; when the gibberish is the published text of his presidential address delivered before the Ameri-

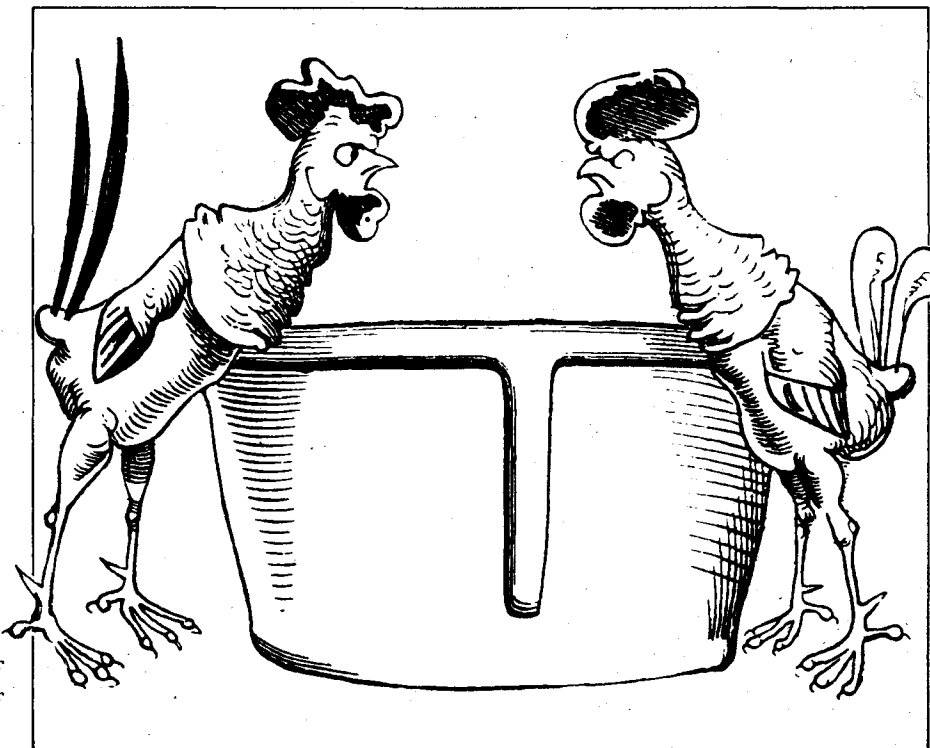
can Psychiatric Association; and when the *American Journal of Psychiatry* publishes said gibberish as if it were in English and made sense—then we face a situation about which somebody ought to say something. Since no “uncontroversial psychiatrist” would dare to say that a psychiatric emperor is naked, especially when the emperor insists he is sporting the most splendid garments, I volunteer my services as a “controversial psychiatrist” (which is the least offensive diagnosis my colleagues like to pin on me) to bring this piece of psychiatric skullduggery to the attention of the public.

Freedman begins his address with these words: “I will not reprise [sic] this past active APA year, but wherever we have worked, members of APA have engaged in lively discussion and useful action on critical topics.” Presumably, Freedman means that he will not review or repeat whatever it is that he is referring to.

Freedman evidently believes that “reprise” is a very serviceable word, because he uses it again, toward the middle of his address, where he writes: “The remarkable advent of pharmacotherapies has of course profoundly affected both basic science and clinical practice, and—more than I can here reprise [sic] it—complexly affected professional and public orientation to psychiatry.”

That is surely an odd way of saying that the currently fashionable use of drugs in psychiatry has profoundly affected both the profession and the public. But what is it that Freedman can’t “reprise” here? He says it is the “remarkable advent of pharmacotherapies.” But the introduction of certain drugs into psychiatry is simply a fact or occurrence. It need not be, and indeed cannot be, reviewed.

Ever since schizophrenia—the most dreaded and mysterious of so-called mental illnesses—was invented by the great Eugen Bleuler in 1911, it was supposedly charac-



terized, in Bleuler's own words, "by a specific type of alteration of the thinking." However, since no human being can know what another thinks, this statement is necessarily false. What Bleuler meant, and said elsewhere, was that the so-called schizophrenic's "linguistic expression may show every imaginable abnormality"—for example, "poverty of ideas [and] incoherence."

Since the invention of schizophrenia, and especially since the Second World War, students of communication have been intensely interested in the language of "psychotics," which, perhaps because it is so overblown with pathetic conceit, is said to be "pathological." When so-called psychotics assert, for example, that they are the Savior or that the Russians are sending messages to their gold teeth, they lie so naively and so brazenly that their false claims are deemed to be the symptoms of madness. Ironically, the language of psychiatrists is often indistinguishable from the language of psychotics. Freedman's lecture is full of the sorts of linguistic delicts that psychiatrists regard as typical of the verbal behavior of schizophrenics.

I have already cited examples of the mumbo-jumbo Freedman passes off as professional wisdom. Here is an example of one of his pretentious claims supported by nothing more than conceit. "Clearly," Freedman declares, "all physicians attempt to enhance the individual's wishes for optimal self-regulation of functions—both physiologic and psychologic . . ." If that were true, physicians would be angels in a libertarian heaven. Since psychiatrists in general and Freedman in particular are enthusiastic supporters of psychiatric coercions and mutilations—Freedman is even eulogized by a colleague in an accompanying article for his contributions to the Yale lobotomy project—the claim about physicians' (without exception) favoring "self-regulation" is a patent falsehood.

Consistent with the magisterial style Freedman affects, he addresses the views of those with whom he disagrees in an appropriately haughty and disdainful tone. Some of those who criticize psychiatry, never named or otherwise identified, seek "simplistics as an escape from the painful exercise of judgment. Others are invested in ignoring both our science base and the real-world context for clinical decision making. They toy with the mentally ill as a metaphor for pet philosophical, political, personal, or just plain miserly bureaucratic purposes." It is difficult to be sure just what this means, though it certainly implies

that Freedman is a noble person, whereas those who behave in the ways he describes are ignoble.

"One wonders," Freedman continues, "about the despairing impatience of some of our colleagues or angry residents who have written retributively silly books." Not a single reference to a "retributively silly book" is cited, however.

In short, Freedman does not "review" past events, he "reprises" them; he does not recognize writings critical of psychiatry, he regards them instead as "retributive," and "silly" as well. The paranoid talks bizarrely about unidentified "theys" plotting against him; Freedman writes presidentially about unidentified "theys" opposing the "science base" of psychiatry. But regardless of the evidence against it, we stubbornly cling to our belief that the mental patient's language is psychotic and the psychiatrist's is scientific. *Credo quia absurdum.* □

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inevitable blows of destiny and not to succumb to despair." In fact, the believer is often strengthened in his belief by the actuality of human suffering—strengthened in his feeling that eventually God will make sense of what appears to be senseless. (Dwelling on the importance of an afterlife to belief, Kolakowski says that "if the course of the universe and of human affairs has no meaning related to eternity, it has no meaning at all.") Yet if human suffering strengthens the faith of the believer, it convinces the unbeliever that belief is impossible. We are faced, it would seem, with two radically different views of reality, and Kolakowski ends his book by saying that the conflict between the Sacred and the Profane is "cultural, not logical, and it is arguably rooted in the persistent, irreconcilable claims imposed on us by various forces within human nature."

Yet perhaps the gulf between the two worlds is not as great as Kolakowski suggests. For one thing, most religious writers dwell on the difficulties of belief—revealing how the believer often is assailed by unbelief and how he struggles to defeat the forces of rational despair. "Even in the life of a Christian," Flannery O'Connor says in her letters, "faith rises and falls like the tides of an invisible sea." Second, many believers do not worry about the profound difference between

religious discourse and ordinary—or even scientific—discourse. They move continually from one world to another, their daily work as a businessman or engineer or scientist having no effect on their ability to worship.

The persistence of faith in the United States, a country founded mainly by Deists devoted to the principles of the Enlightenment, a country that has been accused of being materialistic as well as being preoccupied with technological progress, is a phenomenon that startles many observers. Several recent studies show that Americans by and large remain a very religious people. According to the author of a new book on Middletown, the name given to a mid-sized town in Indiana that was the subject of a famous sociological study some fifty years ago, "we have not been able to find any trace of the great massive trend that was supposed to be carrying us irresistibly out of an age of faith into an age of practical reason. What has happened instead—the persistence and renewal of religion in a changing society—is much more interesting than the secularization that never occurred." Another recent study revealed that 41 percent of the American public attends church services every week—the same percentage as in 1941.

To some degree modernization does weaken religious faith, but in the long run faith is probably bolstered by modernization. It is not that people become disillusioned with progress; most people favor commercial expansion and technological progress, but sooner or later they conclude that one can't bow before them, as the Enlightenment did. Commercial expansion and technological progress relieve poverty, reduce disease, and in general make life more endurable, but they do not infuse life with meaning. They aid the body but do not speak to the soul. During the 1960s, many Americans tried to assuage their souls' hunger by turning to drugs, to psychological gimmicks, to intense personal "relationships." Some still look in these directions, but an increasing number have turned (or returned) to religion—turned, moreover, away from mainline churches to churches that stress personal salvation and communion with God as the central experience of worship.

Thus the grandiose program of the Enlightenment to expunge religion from Western civilization has failed. Voltaire would be disappointed. So too would Marx, whose program was

the most Promethean of them all; he thought that once the ills of the body were cured and society reached a level of abundance where each would be given according to his needs, then the ills of the soul would wither away. Leaders of Marxist-Leninist regimes have failed miserably to address the ills of the body through their disastrous economic programs, and they have not been able to destroy worship. Despite massive anti-religious indoctrination in the Soviet Union's schools and despite punishment (or threat of punishment) for those who persist in being religious and raising their children according to their faith, religion endures. In Andrei Sinyavsky's brilliant novel, *The Makepiece Experiment*, which is a parable of Stalinist Russia, the narrator speaks of the old women in church: "Where did they find the strength to keep alive, let alone to drag themselves to church?" Religion, Sinyavsky implies, is an indestructible force.

It is a force, however, that at times is strong, at other times weak, strong or weak in societies as well as individuals. To many this religious revival—if indeed there is one—is disturbing; it is a retreat into irrationality, a disavowal of scientific method, a fear of works of art that focus on the illicit and immoral. Looking at what the Ayatollah Khomeini hath wrought in Iran, it is difficult to applaud a movement away from secularism, especially since it is clear that in the past religiosity often has been destructive of civic order. Yet if a Khomeini frightens us, a Lech Walesa edifies us. This is the Walesa who spoke with contempt of the Communist authorities before he was arrested: "Our souls contain exactly the contrary of what they wanted. They wanted us not to believe in God, and our churches are full. They wanted us to be materialistic and incapable of sacrifices; we are anti-materialistic and capable of sacrifice."

I suspect that charismatic souls such as Khomeini and Walesa stir some people—perhaps many—to become believers, yet belief finally is a mystery and it is impossible to fathom why a person like Samuel Johnson will be intensely religious and someone like David Hume will be indifferent to religion. But now that we have ushered Freud and Marx out the door and are no longer obliged to make use of their crude explanatory formulas, we should follow Kolakowski's path and look more closely not only at the phenomenon of worship but also at the dynamics of faith. And by "we" I mean non-believers as well as believers. □